

Lifeguard Certification Course Registration Form

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Email: _____ Birth date: _____

Emergency Contact Name & Phone Number: _____

Course Session: I II III IV V VI VII VIII

I, the undersigned hereby agree to participate in the Bryan Parks and Recreation Lifeguard Training. I certify that, to the best of my knowledge, I am/ or testify that the minor for-mentioned is: physically fit and able to engage in the programmed activities. I agree to indemnify and hold the City of Bryan and its employees harmless from any liability, loss, cost or expense (including but not limited to attorney's fees, medical and ambulance costs) that I may incur as a result of my participation in any Lifeguard Training activities. In the case of emergency, I give my permission for emergency medical treatment. This statement is also valid for any minors that I allow to participate. My signature acknowledges that I understand and agree to the above conditions.

Signature

Date

FOR OFFICE USE ONLY

Date: _____ Paid: _____ Check Cash Charge Receipt Number: _____ Staff Initials: _____

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